

SERFF Tracking Number:	MUTM-128353760	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	
Company Tracking Number:	WANDA HILL		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	2012 TIA-8474L-0312		
Project Name/Number:	2012 TIA/8474L-0312		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2012 TIA-8474L-0312

SERFF Tr Num: MUTM-128353760 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: WANDA HILL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Wanda Hill, Shelly
Kaipust, Kim Meyerring, Mary
Gregg, Krysia Gannon, Ellen
Cochrane, Kristin Miller

Disposition Date: 05/15/2012

Date Submitted: 05/11/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2012 TIA

Status of Filing in Domicile:

Project Number: 8474L-0312

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/15/2012

State Status Changed: 05/15/2012

Deemer Date:

Created By: Ellen Cochrane

Submitted By: Ellen Cochrane

Corresponding Filing Tracking Number:

Filing Description:

NAIC 261-69868

Individual Life Insurance

Temporary Insurance Agreement 8474L-0312

I am submitting the attached Temporary Insurance Agreement ("agreement") for review and approval. This form is new and will not replace any previously filed forms.

<i>SERFF Tracking Number:</i>	<i>MUTM-128353760</i>	<i>State:</i>	<i>Arkansas</i>
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The agreement will be used with individual life insurance applications which require full medical underwriting. It provides temporary life insurance coverage under the policy applied for, for the amount and time specified in the agreement.

The agreement will be used with individual life applications C977LNA09A, C978LNA09A, and C979LNA09A, all of which were previously approved by your Department on September 30, 2009.

The required filing materials are attached.

Your review and approval of this submission will be greatly appreciated. Please contact me with any questions or concerns.

Sincerely,

Wanda Hill
 Senior Product and Advertising Compliance Analyst
 Corporate Compliance and Ethics Division
 Phone: 402-351-3440 (Collect)
 Fax: 402-351-5298
 Email: wanda.hill@mutualofomaha.com
 State Narrative:

Company and Contact

Filing Contact Information

Wanda Hill, Senior Policy Drafting and Regulatory Specialist	wanda.hill@mutualofomaha.com
Mutual of Omaha	402-351-3440 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	05/11/2012	59113716

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/15/2012	05/15/2012

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Disposition

Disposition Date: 05/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Credit Card Cert		Yes
Supporting Document	Memorandum of Variability		Yes
Form	Temporary Insurance Agreement		Yes

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Form Schedule

Lead Form Number: 8474L-0312

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8474L-0312	Application/ Temporary Insurance Enrollment Agreement Form	Initial		49.200	Natl 8474L-0312.pdf

TEMPORARY LIFE INSURANCE AGREEMENT ("AGREEMENT")

United of Omaha Life Insurance Company ("United", "we", "our", "us"), Mutual of Omaha Plaza, Omaha, NE 68175

IF ANY PROPOSED INSURED DIES WHILE COVERAGE UNDER THIS AGREEMENT IS IN EFFECT, WE WILL PAY TO THE BENEFICIARY(IES) NAMED IN THE APPLICATION THE TEMPORARY INSURANCE BENEFIT ("TIA BENEFIT") DESCRIBED IN THE SECTION BELOW ENTITLED "BENEFIT".

QUESTIONS	YES	NO
IF ANY QUESTION LISTED BELOW IS ANSWERED "YES" OR LEFT BLANK, NO COVERAGE WILL TAKE EFFECT UNDER THIS AGREEMENT. The questions below apply to all Proposed Insured(s) shown on the application.		
1 Within the past 90 days, has any Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted, had surgery performed or recommended, or been advised to have a diagnostic test other than an HIV test?.....	<input type="checkbox"/>	<input type="checkbox"/>
2 Within the past 10 years, has any Proposed Insured been treated for heart trouble, stroke, cancer, drug or alcohol use, or had such treatment recommended by a physician or other health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
3 Has any Proposed Insured ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Is any Proposed Insured under 15 days old or over 70 years of age?.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Does amount applied for exceed 1 \$[0,000,000]?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the policy applied for a second to die life insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
NO COVERAGE THERE IS NO TEMPORARY INSURANCE COVERAGE IF: 1 no premium is submitted at the time this Agreement is submitted or if the premium check or electronic transaction is not honored; or 2 any question listed above is answered "Yes" or left blank; or 3 there is a material misrepresentation in any answer to any question listed above or to any questions or statements in the application and/or any questionnaires and supplements to the application; or 4 Internal Revenue Code section 1035 exchange paperwork is received without full initial modal premium; or 5 a Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, in which case, United will not be liable under this Agreement except to return any payment paid with the application.		
BENEFIT For purposes of this Agreement, the TIA Benefit is an amount equal to the lesser of: (1) the amount of insurance applied for in the application; or (2) 2 \$[000,000] minus the amount of any insurance on the Proposed Insured's life under any other temporary insurance agreements and/or conditional receipts. In no event will the amount of the TIA Benefit under this Agreement exceed 2 \$[000,000].		
START DATE Any Temporary insurance coverage provided STARTS on the date all of the following requirements have been met: 1 This Agreement has been fully completed, signed and dated on the date of the application by the Proposed Insured(s), Applicant/ Owner and Producer. 2 The full initial modal premium is received at our Home Office and made by check or authorized electronic transaction. A payment will be considered to be received only if one of the following valid items is received at or Home Office: (a) a check made payable to United of Omaha in the amount of the full first required premium; or (b) a completed and signed electronic transaction authorization for the first full premium. 3 All application information (including, but not limited to, all information necessary to complete the application and/or any questionnaires and supplements to the application) and any medical exam and tests required by United are completed. Notwithstanding the preceding sentence, if the Proposed Insured dies within 30 days after the date this Agreement is signed as a direct result of, independent from all other causes, accidental bodily injury that occurs after the date of this Agreement but before any medical exam and tests are completed, we will pay to the beneficiary(ies) named in the application the TIA Benefit.		
END DATE This Agreement and any coverage provided hereunder will END on the earliest of the following dates: 1 90 days from the date of this Agreement; or 2 the date we deliver the policy applied for to the applicant/owner and all delivery requirements have been completed; or 3 the date we mail you a letter notifying you that we: (a) are unable to approve the requested coverage at a standard risk class; or (b) have declined to issue you a policy; or (c) will not provide temporary insurance coverage; or 4 the date the applicant/owner withdraws the application for insurance.		
SIGNATURES This Agreement does not limit United in applying its underwriting standards to the application nor does this Agreement limit or waive any rights under any life insurance policy issued. If United rejects or declines the application, United will refund the applicant any premium paid with the application. I/We have read and received a copy of this Agreement and understand and agree to all of its terms. I/We verify the above answers are true and complete to the best of my/our knowledge and belief. I/We understand that the Producer has no authority to change the terms of this Agreement. Signature of Proposed Insured _____ Date _____ Signature of Other Proposed Insured _____ Date _____ Signature of Applicant/Owner (if other than Proposed Insured) _____ Date _____ Payment Method: Check <input type="checkbox"/> Electronic Transaction Authorization <input type="checkbox"/> No Money Collected <input type="checkbox"/> If by check, amount remitted \$ _____ I have not received a check with the application if any question in the above section entitled "Questions" was answered "yes" or left blank. I have not accepted a money order with this Agreement. I agree that I am not authorized to change or waive the terms of this Agreement and represent that I have not attempted to do so. I/We have read and explained the terms of this Agreement to the Proposed Insured(s) and the Applicant/Owner. I/We have left a copy with the Applicant/Owner. Signature of Producer _____ Date _____ Signature of Producer _____ Date _____		

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Supporting Document Schedules

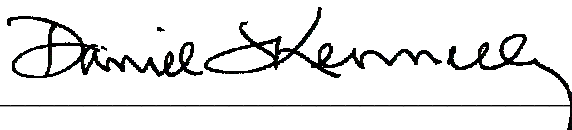
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
AR Read Cert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Credit Card Cert		
Comments:			
Attachment:			
AR Credit Card Cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variability		
Comments:			
Attachment:			
NATL_TIA Memo of Var 8474L-0312.pdf			

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
8474L-0312	Temporary Insurance Agreement	49.2

Date: 05/11/2012



Daniel J. Kennelly
Vice President , Chief Compliance and Ethics Officer

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kennedy
SIGNATURE

05/11/2012
DATE

United of Omaha Life Insurance Company
COMPANY

CC-1

Memorandum of Variability
Explanation of Variable Statements and Fields
For United of Omaha Life Insurance Company Form
8474L-0312

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

Other than noted below, no changes will be made in the wording shown on the app. Variability denotes whether the language will appear or be omitted.

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
PAGE 1	
1 "Does amount applied for exceed [\$0,000,000] ?"	Variable to allow for changes in the amount. Amount ranges variable from \$1,000,000 to \$5,000,000.
2 " [\$000,000] minus the amount of any insurance on the Proposed Insured's life under any other temporary insurance agreements and/or conditional receipts. In no event will the amount of the TIA Benefit under this Agreement exceed [\$000,000] ."	Variable to allow for changes in the benefit amount. Amount ranges variable from \$500,000 to \$1,000,000.